

Vet
Center

Veteran Information Form (VIF)

Reproduce as Needed

CONTACT INFORMATION

VIF Number: 10907

First Visit/Contact Date: 9-13-07

Full Name: Stanley P. Laskowski (First, MI, Last)

Sensitive SSN not provided due to ☐ Law or Medical Profession

Social Security Number: [REDACTED] ☐ Special Ops background ☐ VA Employee

Address: 317 Charles St ☐ HOMELESS/NO PERMANENT ADDRESS

☐ ADDRESS INACTIVE

City/Town: Thompson State: PA ZIP: 18512 Country:

Home Phone: (610) [REDACTED] Work Phone: (-) Mobile Phone: (-)

Extension #:

DEMOGRAPHIC INFORMATION

Birth Date: Gender: ☒ Male ☐ Female

Marital Status: ☒ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married

Ethnicity:

☒ White ☐ Pacific Islander/Hawaiian

☐ African American ☐ Native American

☐ Hispanic ☐ Alaskan Native

☐ Asian American ☐ No Response

MILITARY INFORMATION

Discharge Pending? ☐ Yes ☐ No

Periods of Military Service:

Branch of Service	Entry Date:	Discharge Date:
<u>Marine's</u>	<u>2/23/1999</u>	<u>2/5/2007</u>

Eligibility:

☐ Bereavement ☐ Lebanon

☐ Former Yugoslav Ops ☐ Other Combat Ops

☐ Grenada ☐ Panama

☐ GWOT -- Both OIF & OEF ☐ Persian Gulf

☐ GWOT -- Expeditionary ☐ Sexual Trauma

☐ (Not OIF/OEF) ☐ Somalia

☐ GWOT -- OEF (Afghanistan) ☐ Vietnam Theater

☒ GWOT -- OIF (Iraq) ☐ Vietnam-Era Non-Theater

☐ Korean War Zone ☐ WWII War Zone

Eligibility Verification: ☒ DD214 ☐ DD1300 ☐ VAMC ☐ VARO ☐ Pending

Discharge Type: ☒ Honorable ☐ General ☐ Undesirable ☐ Bad Conduct ☐ Dishonorable Discharge/Dismissal

Wounded/Injured? ☐ Yes ☒ No

Purple Heart? ☐ Yes ☒ No

VA Service Connected? ☒ Yes ☐ No

POW? (say # days) ☐ Yes ☒ No

☐ Check this box if you DO NOT want to participate in Surveys

COMMENTS: **HIPAA REVIEW**

Discussed HIPAA Policy 6/19/11 Rev

FOR VET CENTER USE ONLY

INTAKE ON: <u>9-13-07</u>	By: <u>12</u>
REVIEWED ON:	By:
ENTERED ON:	By:

ALL SHADED AREAS ARE MINIMUM REQUIREMENTS. BE SURE TO FILL OUT AS COMPLETELY AS POSSIBLE.

Rev. 03-24-2006

PLAINTIFF'S
EXHIBIT

29

6/19/11 Rev

PLAINTIFF'S
EXHIBIT

28

DEF-LAS02877

Vet
CenterVET CENTER INTAKE
(To be completed by staff with client)

Client #: 10907

I. PRESENTING PSYCHO-SOCIAL FOCUS

Requesting assessment for PTSD referral
for treatment due to flashbacks, nightmares, sleep disturbance,
Anxiety, Anger/irritation.

II. MENTAL STATUS EVALUATION

APPEARANCE	Neat	<input checked="" type="checkbox"/>	Untidy	<input type="checkbox"/>	Inappropriate/bizarre	<input type="checkbox"/>
MANNER	Friendly, cooperative	<input checked="" type="checkbox"/>	Suspicious, defensive	<input type="checkbox"/>	Hostile, sarcastic	<input type="checkbox"/>
INTELLIGENCE	Average	<input type="checkbox"/>	Above Average	<input checked="" type="checkbox"/>	Below Average	<input type="checkbox"/>
SPEECH	Appropriate	<input checked="" type="checkbox"/>	Rapid, pressured	<input type="checkbox"/>	Retarded pace	<input type="checkbox"/>
ORIENTATION	Time	<input checked="" type="checkbox"/>	Place	<input checked="" type="checkbox"/>	Person	<input checked="" type="checkbox"/>
MEMORY FUNCTION	Normal	<input checked="" type="checkbox"/>	Impaired	<input type="checkbox"/>		<input type="checkbox"/>
AFFECT	Appropriate	<input checked="" type="checkbox"/>	Labile	<input type="checkbox"/>	Flat, blunted	<input type="checkbox"/>
MOTOR ACTIVITY	Relaxed, at ease	<input checked="" type="checkbox"/>	Tense	<input type="checkbox"/>	Agitated, restless	<input type="checkbox"/>
JUDGMENT	Good	<input checked="" type="checkbox"/>	Fair	<input type="checkbox"/>	Impaired	<input type="checkbox"/>
						Poor

DEF-LAS02878

Vet
CenterClient # 10107

II. MENTAL STATUS EVALUATION (cont.)

EVIDENCE OF THOUGHT DISORDER

Delusions

Yes

No~~Disorganized thinking~~~~Yes~~~~No~~

Hallucinations

YesNo *some auditory, possible flashbacks*

EVIDENCE OF DEPRESSION

Appetite:

average

poor

excessive

Recent weight change: ~~down~~ loss

gain

____ lbs. in ____ months.

Sleep disturbance:

Yes

No

Sex drive remains the same:

Yes

No

Energy level:

low

average

high

Recent losses:

Yes

No

If Yes, Explain

Suicidal thought:

Yes

No

If Yes, Explain

*@ times b/c he wants to stop anxiety
flashbacks, intrusive thoughts:
nightmares.
No current plan. Children are
depressed*

Homicidal thought:

Yes

No

If Yes, Explain

Other mental status observations:

RCS-IV SEP 97

DEF-LAS02879

Vet
Center

Client #: 10907

III. HEALTH HISTORY

1. Past treatment received for any medical/psychiatric problems.
If so, please describe. @ WB VAMC ☒ Yes ☐ No
2. Under current treatment for any medical/psychiatric problems.
If yes, name and telephone number of provider: WB VAMC ☒ Yes ☐ No
3. Tobacco use.
Choice of use. Cigarettes Frequency 1/ppd. ☒ Yes ☐ No
4. Caffeine use.
Choice of use. Coffee Frequency 1 pot 1 day ☒ Yes ☐ No
5. Exposure to hazardous environmental elements.
If became ill from exposure, please explain. unsure? ☐ Yes ☒ No
6. Currently taking any medication.
If yes, complete MEDICATION USE table below. ☒ Yes ☐ No

Medication	Dosage	Date Began & Reason	Physician/Ref
Trazodone	100 MGHS.		

DEF-LAS02880

Vet
Center

IV. PRE-MILITARY & DEVELOPMENTAL HISTORY

*See attached
intake*

V. MILITARY HISTORY

- I. Entry into the Military & Training Experience:

See Attached Intake

RCS-INSE92

DEF-LAS02881

Vet
Center

Client #: 10987

2. War Zone History:

See attached intake

3. Traumatic Events: (Include Sexual Trauma While in Military)

See attached intake

4. Homecoming:

See attached intake

5. Impact of Military Experience.

See attached intake

DEF-LAS02882

Vet
Center

Client #: 10907

VII. ASSESSMENT

This 39 y/o married 50% SC veteran was involved in the initial invasion in Iraq in 2003. Upon return home, he remained in the military for an additional 4 years. He then worked as a Juvenile Advisor for 6 mos.

Immediately upon his return he started having difficulty with anxiety, insomnia, nightmares. Before he was able to manage, or until his discharge from the military, upon which his symptoms significantly ↑. He started self-medicating with alcohol. Became more distant from his military friends, his wife, children. He would experience intense anxiety; rage. Would dress in black and patrol streets at night to feel safe.

He is currently incarcerated for robbing a pharmacy. Continues to experience intense PTSD symptoms.

AXIS I - PTSD
AXIS II - None
AXIS III - See attached intake
AXIS IV - Severe
AXIS V - See paperwork

P: Refusal to Coatsville PTSD program. Recommend
Wkly 1:1 w/ gp if there is lapse between sessions for prison
! admission to Coatsville.

Counselor's Signature

Karen L. [Signature]

Date: 9/28/07

Team Leader/Clinical Coordinator Signature

Carol Webb [Signature]

Date: 9/28/07

Place of Birth Kingston, PA Where were you raised? Throop, PA

Brothers and Sisters and indicate if they are older or younger than you.
only child.

Please describe your home life growing up.

Parents divorced @ age 2. Was raised between 3 households, an aunt, his father who was a alcoholic; his mother who was drug addicted.

Did anyone in your family have a problem with alcohol, drugs, anger/rage, psychiatric and/or severe medical illness? ☒ YES ☐ NO Mother: Father

Did you feel safe and loved growing up? YES NO depends. Father was supportive & understanding; his Aunt was supportive. Felt unsafe @ mother as she would often pass out; he would be left
Did you experience any major losses (death of a family member, divorce of parents, natural catastrophe, etc.) while growing up? ☒ YES ☐ NO None.

Where did you go to school? Elementary @ St Marys (got A's) HS Bishop Ditty Grades started to slip back
Did you have many friends? ☒ YES ☐ NO Did you date much? ☒ YES ☐ NO Graduated @ 18; honors
Did you play sports? ☒ YES ☐ NO Football: interesting Adjusted to college
Did you participate in any extracurricular school activities? YES ☒ NO fighting

Did you have any honors, awards, or achievements in school? YES ☒ NO
Did you have any disciplinary problems in school, arrests, or problems with authority prior to the military? ☒ YES ☐ NO Suspension in 11th grade for fighting.

Did religion or spirituality play a significant role in your life? YES ☒ NO forced to go to Church as a child
no longer goes.

Did you use alcohol or drugs before entering the military? ☒ YES ☐ NO

If so, to what extent? Experimented @ Marijuana; cocaine, used to socially but can abuse
@ times.

Was any member of your household a veteran? ☒ YES ☐ NO If yes, who? Father was in marines.
Was any member of your household a combat veteran? YES ☒ NO If yes, who?

→ Friend told his mother about cocaine use: @ 19 y/o spent 30 days in o/p treatment @ Marworth. Seems to downplay his of substance abuse. (?)

Psycho-social History

DEF-LAS02884

Before entering the military did you have a problem with?

Alcohol or Drugs ☒ YES ☐ NO
 Gambling ☒ YES ☐ NO
 Compulsive Spending ☒ YES ☐ NO

Depression ☒ YES ☐ NO
 Mood Swings ☒ YES ☐ NO

Anger or Rage ☒ YES ☐ NO *@ times*
 Anxiety ☒ YES ☐ NO
 Panic Attacks ☒ YES ☐ NO

Getting along with others ☒ YES ☐ NO
 Trusting others ☒ YES ☐ NO
 Feeling emotions ☒ YES ☐ NO

Sleep ☒ YES ☐ NO
 Nightmares ☒ YES ☐ NO
 Memory Problems ☒ YES ☐ NO

If you volunteered for the military, why did you volunteer? *to "outdo my dad" looking for recognition*
 How did your family feel about it? *Family was happy b/c of his hard drinking, "warrior" @ home*
him focused.

Is there anything that happened while growing up that you would like to talk about in therapy? YES NO
 If so, what would you like to talk about? *None.*

1. Entry into the Military and Training Experience

Did you volunteer ☒ or were you drafted ☐

Where was your basic training/boot camp?

Parris Island, SC

Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☒ No

Disciplinary problems? ☐ Yes ☒ No

Did you have any advanced training? ☒ Yes ☐ No

In what *high school* Where was the training *high school* # of weeks

Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☒ No

Disciplinary problems? ☐ Yes ☒ No

None

Psycho-social History

DEF-LAS02885

Specialty name and MOS # designation after advanced training:

Rifleman 0311

Any additional advanced training? ☒ Yes ☐ No

In what? Marksmanship Coach, Instructor Where was the training _____ # of weeks _____

Injured? ☐ Yes ☒ No Medical treatment? ☐ Yes ☐ No

Disciplinary problems? ☐ Yes ☒ No

Specialty name and MOS # designation after advanced training:

Marksmanship Coach 8520, Marksmanship Instructor 8531

Did you have any assignments after training and before entering the War Zone? ☒ Yes ☐ No

If so, please give the approximate dates, location, and unit to which you were assigned.

Served 3 yrs in military before deployment in Iraq. Different states throughout OK and in Okinawa in Japan.

2. War Zone History

Circumstances of assignment: ☐ Volunteered

Approximate date of arrival 01/20/2003

Had other orders that would have stopped deployment but volunteered to go to strengthen unit.

☒ Deployed with unit ☐ Went as individual

Location of arrival Very Southern tip of Iraq

Impressions upon arrival

"Oh shit". Fear as reality of being in Iraq setting in.

Units assigned/attached to Infantry 3rd Bn, 3rd Div, 1st MAF Principal War Zone Location

During initial invasion of Iraq.

Actual duties and operations in war zone:

Squad leader of 10 men.

Time you were exposed to combat ☒ Extensive ☐ Considerable ☐ Moderate ☐ Some ☐ None

Combat Infantry Badge or Combat Action Ribbon? ☒ Yes ☐ No

Injured/wounded ☐ Yes ☒ No Medical treatment ☒ Yes ☐ No

hip problems.

Purple Heart? ☐ Yes ☒ No

Disciplinary problems in the war zone? ☐ Yes ☒ No multiple awards including good conduct medal.

If you used alcohol or drugs while in the war zone, please complete the following.

Alcohol use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Cannabis use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Amphetamine use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Heroin use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Cocaine use ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Psycho-social History

DEF-LAS02886

Other _____ ☐ Extensive ☐ Considerable ☐ Moderate ☐ Some ☒ None

Approximate date of Departure from the War Zone Went from Iraq to Kuwait 4/8/2003; Kuwait to home Alaska

4. Homecoming from War Zone

Mode of exit from combat zone ☐ Ship ☐ Military air ☒ Commercial Air ☐ Other _____
☐ With unit ☐ With friends ☒ As individual ☐ Other _____

Feelings about leaving combat zone

Relieved to be alive.

Feelings about returning to U.S.

Worried about reuniting family b/c he felt different.

Duty assignments after leaving the war zone:

Repacked for 4 yrs before leaving Iraq. Stationed in CA; continued to be Squad Leader. Then stationed in Fort Belvoir, IL as Coach.

While in the Military, did you experience Sexual Trauma ☐ Yes ☒ No or Sexual Harassment? ☐ Yes ☒ No

5. Impact of Military Experience:

Spiritual Changes

Never felt spiritually connected.

Social Changes

Detached from friends & family. "paranoia"

Physical Changes

Depression, Anxiety

Emotional Changes

Depression

How would you describe your social and interpersonal functioning after you were discharged from the military?

Did you take any additional training or education after the military?

YES ☒ NO

Did you complete the training/education? YES ☒ NO N/A

If so, did you receive a degree, certificate, or professional license? YES ☒ NO N/A

What has been your main line of work since leaving the military? Financial Advisor

Psycho-social History

DEF-LAS02887

Approximately how many jobs have you had since leaving the military? 1

What is the longest you ever held one job? 6 mos.

Have you ever been fired or resigned under threat of being fired? YES ☒ NO

How many times have you been married? 1

If you have children, how many do you have from each marriage/partnership?

~~These children~~ 1st girl; 2nd boy, 3rd old boy

How would you describe your relationship with each of your former spouse(s)? (If applicable)

How would you describe your relationship you're your current wife or partner?

Strained due to anger, withdrawal; legal problems.

How would you describe your relationship with your children? (If applicable)

Distant. Used to be very close to oldest daughter prior to deployment. Loses temper has little PTC his children now. Denies abuse.

Since discharge have you had a problem with?

Alcohol or Drugs

☒ YES

☐ NO

Gambling

☒ YES

☐ NO

Compulsive Spending

☒ YES

☐ NO

Depression

☒ YES

☐ NO

Mood Swings

☒ YES

☐ NO

Anger or Rage

☒ YES

☐ NO

Anxiety

☒ YES

☐ NO

Panic Attacks

☒ YES

☐ NO

Getting along with others

☒ YES

☐ NO

Trusting others

☒ YES

☐ NO

Feeling emotions

☒ YES

☐ NO

Psycho-social History

DEF-LAS02888

Sleep
Nightmares
Memory Problems

☒ YES NO - stays up for days
☒ YES NO
☒ YES NO

How soon after returning from overseas did you begin having these problems? immediately but problems escalated after leaving military.

Have you been arrested and or incarcerated since leaving the military? ☒ YES NO

Do you have any current legal problems (for example, pending divorce, child support, bankruptcy, probation/parole, criminal charges?) ☒ YES NO Currently incarcerated.

Is anyone in your home suffering from a severe medical illness, psychiatric problem, problem drinking or drug abuse? YES ☒ NO If so, who and from what are they suffering? _____

Additional Notes:

Currently in prison but prior was starting to receive med maint @ US name. Is currently taking Trazodone for sleep. No hx of psychiatric illness prior, no hx of suicide attempts but has suicidal ideation since release from time. Had plan in past to shoot self. Children are delinquents and no longer has access to weapons. No insight as well into triggers for flashbacks. Anger, rage.

Psycho-social History

DEF-LAS02889

Vet Center		CLIENT TREATMENT PLAN	Client #: 10907
PSYCHO-SOCIAL FOCUS #	Symptom(s)	Date	1/17/08
PLANNED INTERVENTIONS	Isolation?	TL Signature	David M. White, Jr.
EXPECTED OUTCOME	1. Individual Counseling twice per month 2. Group Counseling twice per month	Clin. Signature	David M. White, Jr.
QUALITY INDICATORS	Veteran will become more socially active when he discovers what is behind his desire to withdraw from associating with others.	Date of Resolution/Inactivity	
PSYCHO-SOCIAL FOCUS #	Symptom(s)	Date	5/2/08
PLANNED INTERVENTIONS	1. Counselor will offer education about how this veteran can learn to practice activities as he gains self confidence. Veteran will report his progress weekly. 2. Veteran will develop good coping skills and document situations when he realizes for healing and reduce these incidents from 6 to 3 times weekly.	TL Signature	David M. White, Jr.
EXPECTED OUTCOME	Detox Rehab Assessment for future & Continued care for PTSD threat.	Clin. Signature	David M. White, Jr.
QUALITY INDICATORS	Vet is able to complete and complete S&P. Referral to Carterville.	Date of Resolution/Inactivity	
PSYCHO-SOCIAL FOCUS #	Symptom(s)	Date	
PLANNED INTERVENTIONS	Detox Rehab Assessment for future & Continued care for PTSD threat.	TL Signature	David M. White, Jr.
EXPECTED OUTCOME	Vet is able to complete and complete S&P. Referral to Carterville.	Clin. Signature	David M. White, Jr.
QUALITY INDICATORS	Considered by into voluntary admission to WBVAMC for detox rehab. Successful completion of S&P are reported by unit and WBVAMC staff. Acceptance for future PTSD threat.	Date of Resolution/Inactivity	

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED AREAS
RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LASKOWSKI Stanley Paul		2. DEPARTMENT, COMPONENT AND BRANCH USMC-11		3. SOCIAL SECURITY NUMBER	
4a. GRADE, RATE OR RANK SGT	b. PAY GRADE E-5	5. DATE OF BIRTH (YYYYMMDD)		6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000	
7a. PLACE OF ENTRY INTO ACTIVE DUTY Harrisburg MEPS Mechanicsburg, PA 17055-4843		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 317 Charles Street Throop, PA 18512			
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND WFTBN, MCRD/ERR, PISC 29905			b. STATION WHERE SEPARATED MCRD/ERR, PISC 29905		
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE AMOUNT: \$400,000		
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 0311 Rifleman (8 years) 8530 Marksmanship Coach (4 years) 8531 Marksmanship Instructor (2 years 6 months)		12. RECORD OF SERVICE			
		a. DATE ENTERED AD THIS PERIOD 1999 02 23			
		b. SEPARATION DATE THIS PERIOD 2007 02 05			
		c. NET ACTIVE SERVICE THIS PERIOD 0008 00 00			
		d. TOTAL PRIOR ACTIVE SERVICE 0000 00 00			
		e. TOTAL PRIOR INACTIVE SERVICE 0000 00 00			
		f. FOREIGN SERVICE 0000 00 00			
		g. SEA SERVICE 0000 02 10			
		h. EFFECTIVE DATE OF PAY GRADE 2002 11 01			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Navy and Marine Corps Achievement (w/1 star); Marine Corps Good Conduct Medal (w/1 star); Combat Action Ribbon; Iraq Campaign Medal; Global War on Terrorism Service Medal; Sea Service Deployment Ribbon (w/1 star); National Defense Service Medal		14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Recruit Training 13wks/0099 Rifleman 0099 Corporals Leadership 0002 Sgt Non-Resident Program 0003			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
b. HIGH SCHOOL GRADUATE OR EQUIVALENT		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
16. DAYS ACCRUED LEAVE PAID 32.0 RLB		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION			
		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
18. REMARKS Item 13 Cont. Humanitarian Service Medal; Presidential Unit Citation; Navy Meritorious Mast (2); Letter of Appreciation (3); Certificate of Appreciation (2); Rifle Qualification Badge (Expert); Pistol Qualification Badge (Expert) Good Conduct Medal period commences: 20050223 Member contributed \$1200 to MGIB Serial#32001-2007-0001 The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with the requirements of a Federal benefit program.					
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 317 Charles Street Throop, PA 18512		b. NEAREST RELATIVE (Name and address - Include ZIP Code) Stanley Laskowski (Father) 317 Charles Street Throop, PA 18512			
20. MEMBER REQUESTS COPY 6 BE SENT TO PA		DIRECTOR OF VETERANS AFFAIRS			
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) R.L. LAMBERT, GS-09, SEPS OFFICER			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE
25. SEPARATION AUTHORITY MARCORSEPMAN par		26. SEPARATION CODE KBK1
27. REENTRY CODE RE-1A		28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) SL

DD FORM 214, FEB 2000
(PREVIOUS EDITIONS ARE OBSOLETE)

PREVIOUS EDITION IS OBSOLETE.

MEMBER - 4

DEF-LAS02891

Subj: HINQ response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA
 [#8548125] 09/17/0708:35 54 lines
 From: POSTMASTER.

Page 1

LASKOWSKI, STANLEY P III
 iv: WILKES-BARRE, PA

*** S-# from Patient file does not match a S-# from VBA ***
 VBA name = SPLASKO Verified Svc-Data

Prior names =

STANLEY PAUL LASKOWSKI III

STANLEY PAUL LASKOWSKI III

Name = STANLEY P LASKOWSKI

Address = 29 UNIVERSITY DR

Address = DUNMORE PA

ZIP = 18512

Sex = MALE

Date of Birth =

VBA SSN = Unverified

Claim Number =

Service Number =

Folder Location = 310 - PHILADELPHIA-RO

POW = Not applicable

Total Active Svc = 8 yr

INDICATORS(Active Duty Training NO Homeless Veteran NO)

Service data - VBA

Svc Branch: Marine Corps

EOD: FEB 23, 1999

RAD: FEB 5, 2007

Char of Svc: Honorable

Type Benefit: Compensation

DISABILITIES

Combined % = 60. Disab. in Record = 7 Eff. Date of Comb. Eval. = FEB 06, 2007

SC Disability	%	Extr	Orig Eff Dt	Curr Eff Dt
9411-POST-TRAUMATIC STRESS DISORDER	-30	%-	-FEB 06, 2007	-FEB 06, 2007
5207-LIMITED EXTENSION OF FOREARM	-20	%-RU-	FEB 06, 2007	FEB 06, 2007
6260-TINNITUS	-10	%-	-FEB 06, 2007	-FEB 06, 2007
5019-BURSITIS	-10	%-RL-	FEB 06, 2007	FEB 06, 2007
5019-BURSITIS	-10	%-LL-	FEB 06, 2007	FEB 06, 2007
6512-SINUSITIS, FRONTAL, CHRONIC	-10	%-	-FEB 06, 2007	-FEB 06, 2007
5273-MALUNION OF ANKLE	-0	%-RL-	FEB 06, 2007	FEB 06, 2007

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name DOB Child Status
 Child Status
 Minor Child
 Minor Child

Check Amount = '\$999.00'

Net Award = '\$999.00'

DEF-LAS02892

Subj: HINQ response for LASKOWSKI, STANLEY P III /requested by DURKIN, PA
 [#8548125] 09/17/07@08:35 54 lines
 From: POSTMASTER.

Page 1

LASKOWSKI, STANLEY P III

iv: WILKES-BARRE, PA

*** S-# from Patient file does not match a S-# from VBA ***

VBA name = SPLASKO

Verified Svc-Data

Prior names =

STANLEY PAUL LASKOWSKI III

STANLEY PAUL LASKOWSKI III

Name = STANLEY P LASKOWSKI

Address = 29 UNIVERSITY DR

Address = DUNMORE PA

ZIP = 18512

Sex = MALE

Date of Birth =

VBA SSN =

Claim Number =

Service Number =

Folder Location = 310 - PHILADELPHIA-RO

POW = Not applicable

Total Active Svc = 8 yr

INDICATORS(Active Duty Training NO Homeless Veteran NO)

Service data - VBA

Svc Branch: Marine Corps

EOD: FEB 23, 1999

RAD: FEB 5, 2007

Char of Svc: Honorable

Type Benefit: Compensation

DISABILITIES

Combined % = 60

Disab. in Record = 7

Eff. Date of Comb. Eval. = FEB 06, 2007

SC Disability
 9411-POST-TRAUMATIC STRESS DISORDER
 5207-LIMITED EXTENSION OF FOREARM
 6260-TINNITUS
 5019-BURSITIS
 5019-BURSITIS
 6512-SINUSITIS, FRONTAL, CHRONIC
 5273-MALUNION OF ANKLE

	%	Ext	Orig Eff Dt	Curr Eff Dt
-30	%	-	FEB 06, 2007	FEB 06, 2007
-20	%	RU	FEB 06, 2007	FEB 06, 2007
-10	%	-	FEB 06, 2007	FEB 06, 2007
-10	%	RL	FEB 06, 2007	FEB 06, 2007
-10	%	LL	FEB 06, 2007	FEB 06, 2007
-10	%	-	FEB 06, 2007	FEB 06, 2007
-0	%	RL	FEB 06, 2007	FEB 06, 2007

Vet married Vet = No spouse or not eligible

Number of CHILDREN

School = 0 Helpless School = 0 Depend. total = 2 This Award = 2

Child name DOB Child Status
 Minor Child
 Minor Child

Check Amount = '\$999.00'

Net Award = '\$999.00'

DEF-LAS02893

5705195118

PSYCH

12:05:42 PM

09-07-2007

2/2

VA Form 10-5345
 (Revised November 2004)

REQUEST FOR AND AUTHORIZATION TO RELEASE MEDICAL RECORDS OR HEALTH INFORMATION	
<p>Privacy Act and Paperwork Reduction Act Information: The completion of this form does not authorize the release of information other than that specifically described below. The information requested on this form is collected under Title 38, U.S.C. The form collection release of information is accordance with the Health Information Privacy and Accountability Act, 45 CFR Parts 160 and 164, 3 U.S.C. 552a, and 44 U.S.C. 701 and 7211 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information that you put on the form as permitted by law, VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notice identified as 24VAV19. Patient request and serve your medical needs. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. If you provide VA your Social Security Number, VA will use it to administer your VA benefits. VA may also use this information to identify veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law. The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the electronic requirements of section 3307 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form.</p>	
<p>ENTER BELOW THE PATIENT'S NAME AND SOCIAL SECURITY NUMBER IF THE PATIENT DATA CARD REPRINT IS NOT USED.</p>	
<p>TO: DEPARTMENT OF VETERANS AFFAIRS (Print or type name and address of health care facility)</p>	<p>PATIENT NAME (Last, First, Middle Initial)</p> <p>LASKOWSKI, STAN P.</p> <p>SOCIAL SECURITY NUMBER</p>
<p>NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p> <p>Patrick A. Casey, Esquire-- Myers, Brier & Kelly, LLP 425 Spruce Street, Suite 200, Scranton, PA 18503</p>	
<p>VETERAN'S REQUEST: I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):</p> <p><input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input checked="" type="checkbox"/> TESTED FOR OR INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) <input checked="" type="checkbox"/> ORAL CELL ANEMIA</p>	
<p>INFORMATION REQUESTED (Check applicable box(es) and state the extent or nature of the information to be disclosed, giving the dates or approximate dates covered by each)</p> <p><input checked="" type="checkbox"/> COPY OF HOSPITAL SUMMARY <input checked="" type="checkbox"/> COPY OF OUTPATIENT TREATMENT NOTES <input type="checkbox"/> OTHER (Specify)</p>	
<p>All medical, psychiatric, psychological records</p>	
<p>ORGANIZATION OR INDIVIDUAL FOR WHICH THE INFORMATION IS TO BE USED BY INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED</p> <p>LEGAL REPRESENTATION</p>	
<p>NOTE: ADDITIONAL ITEMS OF INFORMATION DESIRED MAY BE LISTED ON THE BACK OF THIS FORM</p>	
<p>AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing the records. Redisclosure of my medical records by those receiving the above authorized information may be accomplished without my further written authorization and may no longer be protected. Without my express revocation, the authorization will automatically expire: (1) upon satisfaction of the need for disclosure; (2) on _____; (3) on _____ (date supplied by patient); (3)</p>	
<p>I understand that the VA health care practitioner's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.</p>	
<p>DATE</p> <p>9/7/07</p>	<p>SIGNATURE OF PATIENT OR PERSON AUTHORIZED TO SIGN FOR PATIENT (Attach authority to sign, if applicable)</p> <p><i>[Signature]</i></p>
<p>FOR VA USE ONLY</p>	
<p>REPRINT PATIENT DATA CARD (For name, name, address, Social Security Number)</p>	<p>TYPE AND EXTENT OF MATERIAL RELEASED</p>
<p>DATE RELEASED</p>	<p>RELEASED BY</p>

VA FORM
 MAY 2003 **10-5345**

USE EXISTING STOCK OF VA FORM 10-5345, DATED NOV 2004.

DEF-LAS02894

Daniel T. Brier
Robert T. Kelly, Jr.
Danna A. Walsh

| m | b | k |
ATTORNEYS AT LAW
myers brier & kelly

Lori R. Granley
John B. Dempsey
Thomas S. Schrack
Patrick A. Casey, Counsel
Morey M. Myers, Of Counsel

September 11, 2007

VIA TELECOPY

Lori Davis, Counselor
Lackawanna County Correctional Facility
1371 N. Washington Avenue
Scranton, PA 18509-2840

Re: Commonwealth v. Laskowski

Dear Ms. Davis:

This letter confirms our telephone conversations of this morning during which we agreed on a date and time for you to meet with Attorney Patrick A. Casey along with Karen Lenchitsky, a Licensed Clinical Social Worker with the Veteran's Center and Stanley Laskowski, an inmate at the Lackawanna County Correctional Facility. The meeting is scheduled for Thursday, September 13, 2007 at 10:00 a.m. in the multi-purpose room of the correctional facility.

Please do not hesitate to contact either myself or Mr. Casey if you have any questions.

Sincerely,

Beth A. Smith

Beth A. Smith
Legal Assistant

:bas

cc: Karen Lenchitsky

Suite 200 | 425 Spruce Street | P.O. Box 551 | Scranton, PA 18501-0551
Phone (570) 342-6100 | Fax (570) 342-6147
www.mbkaw.com

DEF-LAS02895

September 15, 2008

Stanley Laskowski
317 Charles St
Throop, PA 18512

Dear Stan,

It has been some time since we have seen you at the Scranton Vet Center and we would like to hear from you again. We are interested in doing whatever we can to assist you, client satisfaction is important to us. We hope that you were satisfied with the services received in the past. This letter is to let you know that we are still available.

We are interested in receiving your comments regarding Vet Center services received thus far. In this regard, please take a brief moment to complete the attached questionnaire and return it to us. Your response is very important to us.

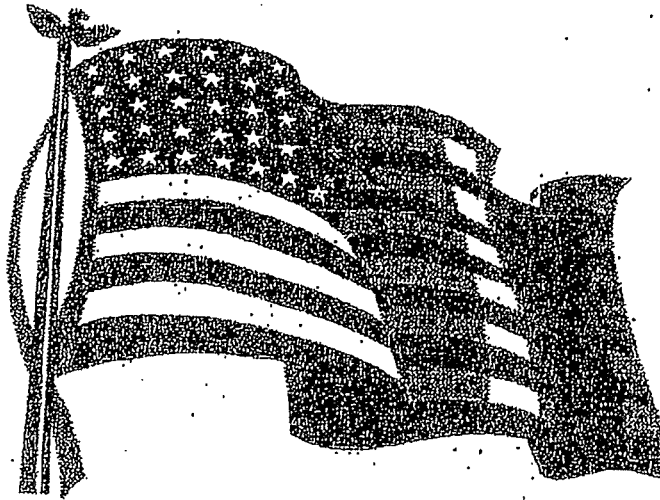
Thank you in advance for taking the time to respond. Again, if the Scranton Vet Center can be of further assistance to you telephone us at 1-866-776-1516 or come in. You are always welcome.

Sincerely,

KAREN LENCHITSKY, LCSW
Social Worker

DEF-LAS02896

VETS - HELPING - VETS



VET CENTER

1002 Pittston Ave, Scranton, PA 18505

Tel: (570) 344-2676 / Fax: (570) 344-6794

To: Attorney Jack Dempsey

From: Karen Lenchitsky, LCSW

Pages (including this cover page): 2

This message is intended only for the use of the person/office to whom it is addressed and may contain information that is privileged, confidential, or otherwise protected by law. All others are hereby notified that the receipt of this message does not waive any applicable privilege or exception from disclosure and that any dissemination, distribution, or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone at the above number, and return the original message to us at the above address via the United States Postal Office. Thank you.

DEF-LAS02897



January 28, 2008

1002 Pittston Avenue
Scranton, Pennsylvania 18505
(570) 344-2676
1-866-776-1516
Fax (570) 344-6794

To Whom It May Concern:

Mr. Stanley Laskowski is currently receiving services at the Scranton Vet Center. Since his return from the inpatient PTSD program at the Coatesville VAMC, veteran has participated in the weekly Global War on Terrorism (GWOT) group at our facility. He has attended four groups in this time period. Veteran actively participates in these groups. Individual therapy has also been initiated at this facility and will occur on a semi-monthly basis. Mr. Laskowski shows good insight and presents as motivated for treatment.

In addition, veteran is also enrolled and receiving services from the Wilkes-Barre VAMC. I spoke with Dr. Matthew Dooley, Ph.D. who confirmed veteran has attended four psycho-education groups on PTSD and that he is scheduled to start a Cognitive Processing Therapy (CPT) group in February. CPT is a 12 week therapy that has both cognitive and exposure components. This is an evidenced based therapy that has been shown to be effective in the treatment of PTSD. Veteran will also be seeing Dr. Bhatia, who is a psychiatrist at the Wilkes-Barre VAMC, for medication management.

Mr. Laskowski's wife is also involved in our centers Wives Group which provides support and education on PTSD. Her involvement is essential to the veterans success as PTSD effects the entire family. She too actively participates in the group and shows good insight and motivation

Since my first meeting with Mr. Laskowski on September 13, 2007, veteran shows much improvement as a result of his completing his inpatient treatment. The veteran shows a decrease in hypervigilance and is more prone to seek support when in distress.

If you require any further information, please don't hesitate to call. I can be reached at 570-344-2676.

Sincerely,

A handwritten signature in cursive script, reading "Karen Lenchitsky".

Karen Lenchitsky, LCSW
Social Worker

DEF-LAS02898



Veterans
Administration

Memorandum

From: TIM ENNIS, MS
Admissions Coordinator
PTSD Program
DVA Medical Center
Coatesville, PA 19320
610-384-7711, ext. 4029

Date: 09/18/07

To: Stanley Laskowski

Admission
Date/Time: 09/25/07 @ 0900 AM

Dear: Stanley

You have been accepted to the PTSD Program. Your admission date and time is listed above. However, changes in this may occur and you are urged to stay in contact with this program. Notify us immediately if your address changes.

Once here, you will be interviewed by one of our therapists. As a result of that interview, you will either be discharged or entered into the Observation and Evaluation (O&E) Unit. After two weeks in the O&E Unit, you will be assigned to either the Stabilization Unit (6 week total length of stay) or the Treatment Unit (up to a total of a 12 week length of stay).

On your admission date, report directly to the PTSD Program, Bldg. 8, second floor at 9:00 A.M. If you arrive late, you will not be admitted to the PTSD Program, and it may be necessary to reschedule you for a later date. If you are traveling by train, use the Thorndale Station. Be aware that this Medical Center cannot supply travel funds or reimbursement for travel. If traveling by car, you may park outside Bldg. 8 to unload your luggage - please use your flashers while your car is there. You will then be informed where to park your car. Be aware that you will be required to provide a \$5.00 daily co-payment IF you are not service connected for PTSD AND have an income greater than \$9,556.

If you have any questions, please contact me at (610) 384-7711 ext. 4029. If you do not keep your admission date and do not contact us beforehand we will assume you are not interested in attending this program and your name will be dropped from the waiting list. If I am able to bring you on board earlier, I'll contact you directly.

Sincerely,


Tim Ennis, MS

DEF-LAS02899

570 342 6147

Myers, Brier, & Kelly, L.

12:52:22 p.m. 09-21-2007

2/3

COMMONWEALTH OF
PENNSYLVANIA,

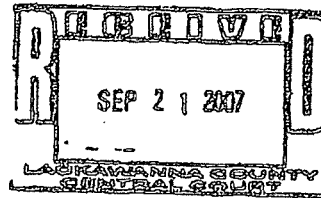
Plaintiff,

STANLEY LASKOWSKI,

Defendant.

IN THE COURT OF COMMON PLEAS
OF LACKAWANNA COUNTY

No. 07-2076



ORDER

AND NOW, this 21st day of September, 2007, upon
 consideration of Defendant's Motion for Release, it is hereby
 ORDERED that the Motion is GRANTED and defendant is released
~~on the Defendant's own recognizance on Tuesday~~
September 25, 2007 at 5:00 (a.m.) p.m. for care under
 the following conditions:

1. Defendant, upon release from treatment, will promptly report to Lackawanna County probation;
2. Defendant will have no contact with any potential witnesses in this case;
3. Defendant will have no access or contact in any way with firearms while on release status; and

DEF-LAS02900

0.0 0720147

myers, Drier, & Kelly, L.

12:52:30 p.m.

DP-21-2007

3/3

4. If Defendant for any reason does not honor any of the conditions listed above, the third party custodian will be duty-bound to report the failure to adhere to the conditions.

 J.

DEF-LAS02901



1002 Pittson Avenue
Scranton, Pennsylvania 18505
(570) 344-2676
Fax (570) 344-8784

September 17, 2007


Dr. Steven M. Silver
Director, PTSD Program
DVAMC
1400 Black Horse Hill Rd.
Coatesville, PA 19320-2097

Dr. Silver:

Attached you will find a completed application for the PTSD program at your facility in Coatesville. Patrick Casey, Esq. has been in touch with you regarding this veteran. He will be forwarding me a letter clarifying the legal aspects of veteran's release. As per my discussions with Atty. Casey, his legal status should not interfere with admission to your program should he be accepted.

I have also attached my completed intake with veteran which may give more detailed information than on the actual application. I thank you in advance for your consideration in this case. If you should have any questions or need any further information in order to process this request, please contact me at 570-344-2676.

Sincerely,


Karen Lenchitsky, LCSW
Social Worker

DEF-LAS02902

570 342 6147

Myers, Brier, & Kelly, L.

01:57:51 p.m.

09-17-2007

2/2

Daniel T. Brier
Robert T. Kelly, Jr.
Danna A. Wisch



Lori R. Gravelley
John B. Damrosch
Thomas S. Schreck
Patrick A. Casey, Counsel
Marcy M. Myers, Of Counsel

September 17, 2007

VIA FACSIMILE

Karen Lenchitsky
Licensed Clinical Social Worker
Vet Center
1000 Pittston Avenue
Scranton, PA 18505

In re: Stanley Laskowski

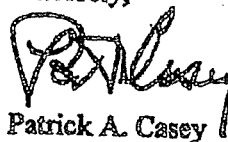
Dear Ms. Lenchitsky:

~~This confirms that I have contacted the Assistant District Attorney assigned to the prosecution of Stanley Laskowski. She confirmed with me that the prosecution would agree to a release of Mr. Laskowski if his release were for the purpose of him receiving psychological or psychiatric treatment.~~

Based upon my conversation with the prosecutor, I believe that Mr. Laskowski's release could be arranged in such a way that it does not make the facility subject to the government's jurisdiction. The terms of release would not name the facility in any way.

I will send to you a draft of the release document for your consideration, and ask that you give your comments.

Sincerely,



Patrick A. Casey

Suite 200 | 425 Spruce Street | P.O. Box 651 | Scranton, PA 18501-0651
Phone (570) 342-6100 | Fax (570) 342-6147
www.mbkllaw.com

DEF-LAS02903

MEDICAL RECORD

PROGRESS NOTES

DATE

9-13-07

Individual Note

D. Matecunian's diagnosis of PTSD is confirmed. He was involved in the 9/11 attacks. See attached for details of his diagnosis. PTSD (Post-Traumatic Stress Disorder) is a mental health condition that can develop after experiencing or witnessing a traumatic event. Symptoms include flashbacks, nightmares, and avoidance of reminders of the event. D. Matecunian's PTSD is consistent with the criteria for PTSD.

9-17-07

TC from Attorney General's office. Veterans Affairs (VA) has been notified of the situation. Applications for VA benefits are being processed. D. Matecunian is currently receiving counseling from the VA. The VA is also providing financial assistance to D. Matecunian. The VA is also providing medical services to D. Matecunian.

9-18-07

TC from Tim Ellis, Admissions Coordinator at the University of Texas at Austin. Tim Ellis has been notified of the situation. Tim Ellis is currently processing the application for admission to the University of Texas at Austin. Tim Ellis is also providing financial assistance to D. Matecunian. Tim Ellis is also providing medical services to D. Matecunian.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 508 (REV 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR 201-9.202-1)

DEF-LAS02904

PROGRESS NOTES

DATE

9/26/07

Clinical Referring Chart Review

- 1) Review for compliance to standards of R.E.S.
- 2) No differences. Needed date on assessment
- 3) Continue to assist with after return to program in Coatesville

Carol Whitehead LCSW

12/18/07

Group Therapy Notes

- 1) Initial Group meeting - Victim spoke about her experiences in drug court situation
- 2) Victim recently completed other PTSD Program at Coatesville. Victim stated that this has helped her tremendously. He now realizes that he still helps her to think about her legal issues etc.
- 3) Continue with Group Therapy

Carol Whitehead LCSW

1-8-08

Group Therapy Notes

- 1) Victim continues to group to focus on her past legal issues.
- 2) Victim appears to accept responsibility for her actions. He went to Coatesville and stated he has been doing much better emotionally. The work has been very supportive and she attends every group. Victim has a preliminary hearing coming up next Thursday. He provided great feedback to other group members.
- 3) Continue with Group Therapy

Carol Whitehead LCSW

MEDICAL RECORD

PROGRESS NOTES

DATE

1-11-08

Therapist Plan Review Notes

- 1) Veterans come with a legal structure
 2) Goal is to reduce irritability and agitation with
 with his feelings
 3) Continue with the scheduled and group sessions

James Lachinski, MD
 Green Lachinski, MD
 Joseph Lachinski, MD

1-18-08

TC continued and Amy Denney regarding the pending
 hearing. Requesting letter of medical opinion in therapy
 @ the VA. We have been attending Gustafson
 consulting to engage me in therapy. This was not intended.
 Will contact Dr. Dooley @ WUAME to discuss with me. We will
 have Vet. Aquilino to come. Will not discuss and then
 write letter requested.

James Lachinski, MD

1-22-08

TC to Dr. Dooley @ WUAME. Dr. Dooley reports that he attended
 4 psych evals from PSD @ the WUAME. Indicates that he is also
 scheduled to start CBT group therapy in February. Indicates
 that he is a insightful and someone who would benefit
 from long-term structured therapy. However, he is not
 in a position to write a statement for the court. P. Plan
 as above. We scheduled @ the VA for 1-25-08

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate;
 hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-81)
 Prescribed by GSA/ICMR, FPMR (41 CFR) 201-9.202-1

DEF-LAS02906

Lachinski, Stan

10907

PROGRESS NOTES

DATE

1-25-08

Individual therapy note.

D. Vuk presented for his session. Discussed @ charges and attending PTSD program @ the Chattanooga Home. Indicates PTSD symptoms have decreased. Does continue to experience nightmares, flashbacks. Resulting anxiety. A. Vuk was A+ O/C, mood and affect were appropriate to thought content. Denied suicidal ideation, suicidal hallucinations. Currently involved in his treatment and motivated to continue. Same. P. Vuk, wife, continue weekly court app to Dan Ullrich, Esq. He will continue his treatment on a semi-monthly basis for supportive psychotherapy. His abs. Scheduled to participate in COT group @ Chattanooga on Friday. His current care is needed.

1-28-08

TC to Atty Jack Dempsey. Letter completed and faxed. A request for legal assistance. Atty Dempsey confirming his participation in therapy. P. Vuk, Fred. J. (Jed)

1-29-08

Group Counseling Note

P. Vuk was in his present legal issues.
 A. Vuk appeared to be expressing PTSD and gets involved in the symptoms of confusion and delusion. He is in group but probably because he is on probation. He needs to become more involved to get individual counseling.

Continues with group therapy.

Dan Ullrich, Esq.

STANDARD FORM 609 (REV. 7-91) BACK

☆ DEF-LAS02907

17927

Arch 10/ Group Therapy (Gwot)

2.) He can't dealing with friendships and
there he is stuck. I'm too tender
to be psychic or anything. I don't get
tense when he feels upset. He and his
wife are doing much better.

81 H 127 ()

3.11.08 Group Therapy Note (GWOI)

5) Diet continues to irritate and likely his frustration tolerance is poor.

a) brain-pan-fracture: Tolson's may have resulted
at this physical point in expressing and has
trying to wear himself off of a structure. He
has been able to walk in two opposite directions
like with Jones has been able to recognize
cognitions as better to compare in the area
of socialization.

Continue with Sharp theory and develop concerning
L. Sam. L. White

MEDICAL RECORD

PROGRESS NOTES

DATE

3-12-08 TC from Ron Simon, JCRN@WBUMC. Indicates situation at WBUMC over the past week is flagged suicide screen as true reporting thoughts of being better off dead. He denied suicidal intent or plan but stated was upset. He said previous concerns were stopped. After having a seizure, he was requesting Valium. Bkz notes Chry Addition to Propofol. Valium was not prescribed. He said he was not sure but has appt scheduled this Thursday. P. Miller to not be scheduled appt. Bkz added as per informed writing (in house).

-13-08

Orthopedic Therapy Note

Di Vito presented for scheduled PT. Discussed current status at the WBUMC. A physical exam. Reports frustration at not being prescribed Cefazolin as in current treatment. Currently is going to take Antidepressants. Does not want to wait for the spectrum to immediately help. Discussed issues of feeling of being less guilt 'shame' resulting from actions in the past. At the time of the incident was a minor in the present affect. Denied suicidal. Currently acknowledges very from model which he purchased online. Persistent to acknowledge addictive behavior. Reported no more. Explored health potential to incorporate the reduction of stress from hypervigilance. Philip challenged whether thinking related to duration in the past. P. Antone (11) Simon to make sure JCRN - continue on reverse side

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

PROGRESS NOTES

Medical Record

STANDARD FORM 509 (REV 7-91)
Prescribed by GSA/ICMR, FORM (41 CFR) 201-9.202-1

DEF-LAS02910

Laschowski, Stanley

3-14-08

Classical Conditioning

Reviewed Case @ Consultant Dr. Malaschi @ The University.
Discussed literature in research purposes @ ILMC & current trends &
contextuals @ various media including humanis Recommended
comparative analysis @ and contrasted with current social
structure. ^{SPRT} ~~SPRT~~ conducting R&D in progress.

Karen L. Smith
 John S. Smith
 Clara L. Smith
 Joseph L. Smith

4-19-08

Individual Therapy Note

P. Vet presented for scheduled 1:1 session. Reports conflict @ home 2 weeks ago led to his parents calling police; heard his family moving in @ a friend. Vet reluctant to open. Chats w/ mom. Discussed some conflict @ spouse. She has been working full-time & stress as support to vet @ home. Also her own issues for their 3 young children. Vet educational having some difficulty @ age; frustration as a result of the above. Explored other options for reducing stress and improving things. A. Prod symptoms persist @ much reduced time situation. De needs hydration. P. Contain 1:1.

James L. Hutchings

PROGRESS NOTES

DATE

4-23-08

TC to John Shalinski, ^{DSU} WBAHPCU: ultra-assertive Dr. Shalinski is aware of cell case, his previous incident @ VA in Canada. Deformed chemistry, ultra-assertive. That he would be presenting today for a mt. Deformed communications made to her yesterday in order for evaluation. P. will continue to monitor for coordination of case.

5-2-08

Clinical Consultation

D: Case presented regarding concerns of addictive behavior, impact on relationships and PRD. Recommended coordination with Dr. Simon, MD and further monitoring of addiction; judgment for treatment same.

John Shalinski, MD
Joseph M. [unclear]

5-2-08

Treatment Plan Review Notes

- 1) 90-day Review of Treatment Plan
- 2) Assessment of current interventions, objectives and quality indicators to meet HCS Standards?
- 3) Continue with Artex, referral to Rehab, PTSD. Progress at Contention.

John Shalinski, MD
Joseph M. [unclear]
John Shalinski, MD

6-20-08

D: Met. presented for scheduled appt. - control has reduced his use of Harvada by 50%. Did not check into some "hedginess" but otherwise is doing pretty well. No significant adjustment. Met. Control. Some conflict. Control is being initiated to effect communication. Did not check in for new speech therapy through the WBPMC. Is being evaluated for TBI.

F-21-08

4/29/68

- 2) Review for compliance to RCSS standards
- 3) TV Plan needed when vet returns to counselling
- 4) Continue with sub W. Counselling

MEDICAL RECORD

PROGRESS NOTES

DATE

9-15-08 Fluctuations as per PCS policy

10-20-08 Case Closing Note.

D: The client presented a concerning psychosocial assessment
'goals on intake':Vet due PTSD from service in Iraq. Looking for JEP program
for PTSD & family counseling.During this period, he attended 13 sessions over the
course of 9 months @ an avg of 71% path.

OUTCOME STATUS:

Goals Accomplished: Vet attended & successfully completed
JEP PTSD program @ Continuance Home. Engaged in Individual
Group: Mental Counseling upon discharge from that program.Needs for Continued Tx: Vet has entered into DTC relationship
w/ Dr. Matthew Dooley for a 6-month CPT.

Referral Needs: None

Progression: Good

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; rank; role;
hospital or medical facility)

REGISTER NO.

WARD NO.

Laskowski, Stanley
Clt 10/07

PROGRESS NOTES

Medical Record

STANDARD FORM 609 (REV 7-91)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

DEF-LAS02916

Department of
Veterans Affairs

Memorandum

To: Karen Lenchitsky, LCSW, Scranton Vet Center

Date: 9/18/2007

Patient: Laskowski, Stanley

Dear Ms. Lenchitsky:

We have received the material sent to us on Mr. Laskowski. Because of the high demand for services from the PTSD Program we have been forced to adopt a system for evaluating candidates based on a preliminary evaluation of available medical records and psychological testing for veterans who are an extended distance away.

Admission to the Observation and Evaluation Unit of the PTSD Program appears appropriate for this veteran. Please contact Tim Ennis, MS, Admission Coordinator ([610] 384-7711, ext 4029) to set up an admission date. The PTSD Program uses a variable length of stay based on the veteran's needs and motivation. Please ensure that Mr. Laskowski understands that he will be evaluated and a recommended length of stay will be established at the end of his first two weeks here. Lengths of stay vary from four weeks to ten weeks.

We require veterans to be substance free - a positive BAL or urine drug screen may be grounds for discharge or refusal for admission.

Please ensure the veteran understands that he/she will be required to provide a \$5.00 daily copayment IF the veteran is not service connected for PTSD AND has an income greater than \$9,556.

Please also advise Mr. Laskowski that this Medical Center will not be able to provide travel funds.

The PTSD Program, in compliance with VA policy, does not support the use of benzodiazepines in the treatment of PTSD -- please see the attached review of research abstracts concerning this issue. If a veteran arrives using benzodiazepines, we are not equipped to provide medical detoxification and may be forced to discharge the veteran after arrival. Please ensure that, if benzodiazepines have been prescribed, their use is discontinued prior to the veteran's arrival.

Thank you for this referral.

Sincerely,



Steven M. Silver, Ph.D.
Director, PTSD Program
DVAMC
1400 Blackhorse Hill Rd.
Coatesville, PA 19320-2097